RCRA SUBTITLE C ACTIVITIES FORMS

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal (Select only one.)

☐	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
☑	Submitting as a component of the Hazardous Waste Report for 2019 (Reporting Year)
	☑ Site was a TSD facility and/or generator of ≥ 1,000 kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in **one or more months of the reporting year** (or State equivalent LQG regulations)
☐	Notifying that regulated activity is no longer occurring at this Site
☐	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
☐	Submitting a new or revised Part A Form

2. Site EPA ID Number

I	L	6	8	9	0	0	3	0	0	4	6

3. Site Name

Fermi National Acceleratory Laboratory

4. Site Location Address

Street Address: PO Box 500 Kirk and Pine St		
City, Town, or Village: Batavia		County: Kane
State: IL	Country: USA	Zip Code: 60510

5. Site Mailing Address ☐ Same as Location Address

Street Address: PO Box 2000 Kirk and Pine St		
City, Town, or Village: Batavia		
State: IL	Country: 60510	Zip Code: 60510

6. Site Land Type

☐ Private ☐ County ☐ District ☑ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 541720	C.
B.	D.

8. Site Contact Information

☑ Same as Location Address

First Name **Rick**	MI	Last Name **Hersemann**
Title **Physical Scientist**		
Street Address **Kirk and Pine St. MS 118**		
City, Town, or Village **Batavia**		
State **IL**	Country **USA**	Zip Code **60510**
Email **rick.hersemann@science.doe.gov**		
Phone **630-840-4122**	Ext	Fax

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

☐ Same as Location Address

Full Name **US Department of Energy**	Date Became Owner (mm/dd/yyyy) **11/21/1967**
Owner Type ☐ Private ☐ County ☐ District ☑ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
Street Address **PO Box 2000 Kirk and Pine**	
City, Town, or Village **Batavia**	
State **IL**	Country **USA** Zip Code **60510**
Email	
Phone **630-840-8130**	Ext Fax
Comments	

B. Name of Site's Legal Operator

☑ Same as Location Address

Full Name **Nigel Lockyer**	Date Became Operator (mm/dd/yyyy)
Operator Type ☐ Private ☐ County ☐ District ☑ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
Street Address **PO Box 500 Kirk and Pine St. MS 105**	
City, Town, or Village **Batavia**	
State **IL**	Country **USA** Zip Code **60510**
Email **lockyer@fnal.gov**	
Phone **630-840-6723**	Ext Fax
Comments	

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

☑ Y ☐ N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c		
	☑	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
	☐	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
	☐	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
☐ Y ☑ N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. *Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.*		
☑ Y ☐ N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.		
☐ Y ☑ N	4. Receives Hazardous Waste from Off-site		
☐ Y ☑ N	5 Recycler of Hazardous Waste		
	☐	a. Recycler who stores prior to recycling	
	☐	b. Recycler who does not store prior to recycling	
☐ Y ☑ N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.		
	☐	a. Small Quantity On-site Burner Exemption	
	☐	b. Smelting, Melting, and Refining Furnace Exemption	

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D007	D040	U220			
D002	D008	F003	U226			
D003	D011	F005	U228			
D005	D035	U002				
D006	D039	U080				

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

☐ Y ☑ N	1. Transporter of Hazardous Waste—If "Yes", mark all that apply.
☐	a. Transporter
☐	b. Transfer Facility (at your site)
☐ Y ☑ N	2. Underground Injection Control
☐ Y ☑ N	3. United States Importer of Hazardous Waste
☐ Y ☑ N	4. Recognized Trader—If "Yes", mark all that apply.
☐	a. Importer
☐	b. Exporter
☐ Y ☑ N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark all that apply.
☐	a. Importer
☐	b. Exporter

B. Universal Waste Activities

☑ Y ☐ N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: Refer to your State regulations to determine what is regulated.
☑	a. Batteries
☐	b. Pesticides
☑	c. Mercury containing equipment
☑	d. Lamps
☐	e. Other (specify) _____
☐	f. Other (specify) _____
☐	g. Other (specify) _____
☐ Y ☑ N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

☐ Y ☑ N	1. Used Oil Transporter—If "Yes", mark all that apply.
☐	a. Transporter
☐	b. Transfer Facility (at your site)
☐ Y ☑ N	2. Used Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
☐	a. Processor
☐	b. Re-refiner
☐ Y ☑ N	3. Off-Specification Used Oil Burner
☐ Y ☑ N	4. Used Oil Fuel Marketer—If "Yes", mark all that apply.
☐	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐	b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Pharmaceutical Activities

☐ Y ☑ N	1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals—if "Yes", mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
☐	a. Healthcare Facility
☐	b. Reverse Distributor
☐ Y ☑ N	2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is no longer an LQG or SQG.

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

☐ Y ☑ N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories— If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
☐	1. College or University
☐	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
☐	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
☐ Y ☑ N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

☐ Y ☑ N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator?

14. LQG Consolidation of VSQG Hazardous Waste

☐ Y ☑ N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

☐ Y ☑ N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
	A. ☐ Central Accumulation Area (CAA) or ☐ Entire Facility
	B. Expected closure date: _____ mm/dd/yyyy
	C. Requesting new closure date: _____ mm/dd/yyyy
	D. Date closed : _____ mm/dd/yyyy ☐ 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8) ☐ 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

☐ Y ☑ N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.

17. Electronic Manifest Broker

☐ Y ☑ N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

18. Comments (include item number for each comment)

19. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

EPA ID Number	I	L	6	8	9	0	0	3	0	0	4	6

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United States Environmental Protection Agency

HAZARDOUS WASTE REPORT 2019 (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM

1. Waste Characteristics

A. Waste Description **Misc. Aerosols**							
B. EPA Hazardous Waste Code(s)	D001	D040	U226				
	D008	U080					
C. State Hazardous Waste Code(s)							
D. Source Code **G11**	Management Method (G25)			Country Code (G62)			
E. Form Code **W801**	F. Waste Minimization Code **X**			G. Radioactive Mixed ☐ Y ☑ N			
H. Quantity **240**	UOM **1**	Density		☑ lbs/gal ☐ sg			

2. On-site Generation and Management of Hazardous Waste

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-	
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
WID003967148	**H141**	**240**
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

EPA ID Number	I	L	6	8	9	0	0	3	0	0	4	6

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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2019 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

1. **Waste Characteristics**

A. Waste Description **Misc. Small Quantities Lab Packed**						
B. EPA Hazardous Waste Code(s)	LABP					
C. State Hazardous Waste Code(s)						
D. Source Code **G11**	Management Method (G25)			Country Code (G62)		
E. Form Code **W001**	F. Waste Minimization Code **X**			G. Radioactive Mixed ☐ Y ☑ N		
H. Quantity **263**	UOM **1**	Density		☑ lbs/gal ☐ sg		

2. **On-site Generation and Management of Hazardous Waste**

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. **Off-site Shipment of Hazardous Waste**

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-	
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
WID003967148	**H141**	**232**
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
ILD098642424	**H040**	**31**
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. **Comments**

EPA ID Number	I	L	6	8	9	0	0	3	0	0	4	6

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United States Environmental Protection Agency

HAZARDOUS WASTE REPORT 2019 (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM

1. **Waste Characteristics**

A. Waste Description **Misc. Small Quantities Lab Packed**						
B. EPA Hazardous Waste Code(s)	D001					
	D002					
C. State Hazardous Waste Code(s)						

D. Source Code **G02**	Management Method (G25)	Country Code (G62)
E. Form Code **W001**	F. Waste Minimization Code **X**	G. Radioactive Mixed ☐ Y ☑ N
H. Quantity **1124**	UOM **1**	Density ☑ lbs/gal ☐ sg

2. **On-site Generation and Management of Hazardous Waste**

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.

Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. **Off-site Shipment of Hazardous Waste**

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-	
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
WID003967148	**H141**	**594**
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
ILD098642424	**H040**	**367**
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. **Comments**

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2019 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

1. **Waste Characteristics**

A. Waste Description **Misc. Small Quantities Lab Packed**						
B. EPA Hazardous Waste Code(s)	D001	F005				
	F003					
C. State Hazardous Waste Code(s)						
D. Source Code **G02**	Management Method (G25)			Country Code (G62)		
E. Form Code **W001**	F. Waste Minimization Code **X**			G. Radioactive Mixed ☐ Y ☑ N		
H. Quantity **312**	UOM **1**	Density		☑ lbs/gal ☐ sg		

2. **On-site Generation and Management of Hazardous Waste**

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. **Off-site Shipment of Hazardous Waste**

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-	
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
WID003967148	**H141**	**279**
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. **Comments**

United States Environmental Protection Agency

HAZARDOUS WASTE REPORT 2019 (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM

1. Waste Characteristics

A. Waste Description **Corrosive Concentrated Acid for Etching**						
B. EPA Hazardous Waste Code(s)	D002					
C. State Hazardous Waste Code(s)						

D. Source Code **G04**	Management Method (G25)	Country Code (G62)	
E. Form Code **W103**	F. Waste Minimization Code **X**	G. Radioactive Mixed ☐ Y ☑ N	
H. Quantity **6737**	UOM **1**	Density	☑ lbs/gal ☐ sg

2. On-site Generation and Management of Hazardous Waste

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
IND000646943	**H141**	**6167**	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

EPA ID Number | I | L | 6 | 8 | 9 | 0 | 0 | 3 | 0 | 0 | 4 | 6 |

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United States Environmental Protection Agency

HAZARDOUS WASTE REPORT 2019 (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM

1. Waste Characteristics

A. Waste Description **Toxic Combustible Parts Washer Solvent**						
B. EPA Hazardous Waste Code(s)	D039					
C. State Hazardous Waste Code(s)						
D. Source Code **G01**	Management Method (G25)			Country Code (G62)		
E. Form Code **W211**	F. Waste Minimization Code **X**			G. Radioactive Mixed ☐ Y ☑ N		
H. Quantity **45**	UOM **5**	Density **6.7**		☑ lbs/gal ☐ sg		

2. On-site Generation and Management of Hazardous Waste

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
ILD000805911		**H141**	**45**
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

EPA ID Number	I	L	6	8	9	0	0	3	0	0	4	6

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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2019 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

1. Waste Characteristics

A. Waste Description **Toxic Lead Contaminated Machine Coolant and Water**						
B. EPA Hazardous Waste Code(s)	D008					
C. State Hazardous Waste Code(s)						
D. Source Code **G19**	Management Method (G25)			Country Code (G62)		
E. Form Code **W113**	F. Waste Minimization Code **X**			G. Radioactive Mixed ☐ Y ☑ N		
H. Quantity **330**	UOM **5**	Density **8.34**		☑ lbs/gal ☐ sg		

2. On-site Generation and Management of Hazardous Waste

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-	
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
IND000646943	**H061**	**330**
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

Section 1, D Source code G19 - Coolant change out from machine tools, i.e. grinders, mills, lathes used to machine metals containing Lead.

EPA ID Number	I	L	6	8	9	0	0	3	0	0	4	6

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HAZARDOUS WASTE REPORT 2019 (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM

1. Waste Characteristics

A. Waste Description **Sulfuric Acid**						
B. EPA Hazardous Waste Code(s)	D002					
C. State Hazardous Waste Code(s)						

D. Source Code **G32**	Management Method (G25)	Country Code (G62)
E. Form Code **W103**	F. Waste Minimization Code **X**	G. Radioactive Mixed ☐ Y ☑ N
H. Quantity **404**	UOM **1**	Density ☑ lbs/gal ☐ sg

2. On-site Generation and Management of Hazardous Waste

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.

Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-

Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
IND000646943	**H141**	**404**
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. Comments

EPA ID Number	I	L	6	8	9	0	0	3	0	0	4	6

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United States Environmental Protection Agency

HAZARDOUS WASTE REPORT 2019 (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM

1. Waste Characteristics

A. Waste Description **Flammable Toxic Solvent Contaminated Wipes/Rags**						
B. EPA Hazardous Waste Code(s)	D001	F003	F005			
C. State Hazardous Waste Code(s)						

D. Source Code **G19**	Management Method (G25)	Country Code (G62)	
E. Form Code **W002**	F. Waste Minimization Code **X**	G. Radioactive Mixed ☐ Y ☑ N	
H. Quantity **598**	UOM **1**	Density	☑ lbs/gal ☐ sg

2. On-site Generation and Management of Hazardous Waste

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
IND000646943		**H020**	**598**
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

Section 1,D Source Code G19 - Rags generated from cleaning machine parts, glassware and benchtops

EPA ID Number | I | L | 6 | 8 | 9 | 0 | 0 | 3 | 0 | 0 | 4 | 6 |

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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2019 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM

1. **Waste Characteristics**

A. Waste Description **Corrosive Toxic Lead Contaminated Solids**						
B. EPA Hazardous Waste Code(s)	D002	D008				
C. State Hazardous Waste Code(s)						
D. Source Code **G02**	Management Method (G25)			Country Code (G62)		
E. Form Code **W002**	F. Waste Minimization Code **X**			G. Radioactive Mixed ☐ Y ☑ N		
H. Quantity **456**	UOM **1**	Density		☑ lbs/gal ☐ sg		

2. **On-site Generation and Management of Hazardous Waste**

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. **Off-site Shipment of Hazardous Waste**

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-	
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
IND000646943	**H141**	**456**
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped

4. **Comments**

EPA ID Number | I | L | 6 | 8 | 9 | 0 | 0 | 3 | 0 | 0 | 4 | 6 |

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United States Environmental Protection Agency

HAZARDOUS WASTE REPORT 2019 (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM

1. Waste Characteristics

A. Waste Description **Propane Gas**						
B. EPA Hazardous Waste Code(s)	D001					
C. State Hazardous Waste Code(s)						
D. Source Code **G11**	Management Method (G25)			Country Code (G62)		
E. Form Code **W801**	F. Waste Minimization Code **X**			G. Radioactive Mixed ☐ Y ☑ N		
H. Quantity **1**	UOM **1**	Density		☑ lbs/gal ☐ sg		

2. On-site Generation and Management of Hazardous Waste

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
WID003967148	**H141**	**1**	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

EPA ID Number | I | L | 6 | 8 | 9 | 0 | 0 | 3 | 0 | 0 | 4 | 6 |

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency

HAZARDOUS WASTE REPORT 2019 (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM

1. Waste Characteristics

A. Waste Description **Misc. Small Quantities Lab Packed**							
B. EPA Hazardous Waste Code(s)	D002						
	D008						
C. State Hazardous Waste Code(s)							
D. Source Code **G15**	Management Method (G25)			Country Code (G62)			
E. Form Code **W001**	F. Waste Minimization Code **X**			G. Radioactive Mixed ☐ Y ☑ N			
H. Quantity **29**	UOM **1**	Density		☑ lbs/gal ☐ sg			

2. On-site Generation and Management of Hazardous Waste

☐ Y ☑ N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

☑ Y ☐ N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recy-		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
WID988566543		**H010**	**29**
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

EPA ID Number | I | L | 6 | 8 | 9 | 0 | 0 | 3 | 0 | 0 | 4 | 6 |

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United States Environmental Protection Agency
HAZARDOUS WASTE REPORT
OFF-SITE IDENTIFICATION (OI) FORM

1. Site 1

A. EPA ID Number of Off-site Installation or Transporter **INR000123497**		
B. Name of Off-site Installation or Transporter **TRADEBE Transportation LLC**		
C. Handler Type (mark all that apply) ☐ Generator ☑ Transporter ☐ Receiving Facility		
D. Address of Off-site Installation		
Street Address **4323 Kennedy Ave**		
City, Town, or Village **East Chicago**		
State **IN**	Zip Code **46312**	Country **USA**

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter **NJD080631369**		
B. Name of Off-site Installation or Transporter **Veolia ES Technical Solutions**		
C. Handler Type (mark all that apply) ☐ Generator ☑ Transporter ☐ Receiving Facility		
D. Address of Off-site Installation		
Street Address **1 Eden Ln**		
City, Town, or Village **Flanders**		
State **NJ**	Zip Code **07836**	Country **USA**

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter **TX000081205**		
B. Name of Off-site Installation or Transporter **Safety Kleen Systems Inc**		
C. Handler Type (mark all that apply) ☐ Generator ☑ Transporter ☐ Receiving Facility		
D. Address of Off-site Installation		
Street Address **2600 N. Central Expressway**		
City, Town, or Village **Richardson**		
State **TX**	Zip Code **75080**	Country **USA**

4. Comments